

6-2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12801

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3297

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4208 Clayton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 4208 Clayton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Kramer

3. (b) If veteran, name war..... 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 27, 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 11 14 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name David Kramer

13. Birthplace Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Cora Burris

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant David Kramer

(b) Address 4208 Clayton

17. (a) Burial (b) Date thereof 4/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APR 13 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1942 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Suppressor products
Stylyl, Catecholamine of Brand
which he was run over by
a truck driven by one
Henry J. Mumberger about
3.0 PM West of Bagley Ave.
in the alley between
Manchester and Clayton Ave
About 2:10 PM April

Other conditions (include pregnancy within 3 months of death)
Major findings: 1/19/42
Of operations: 1/19/42
Of autopsy: 1/19/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Apr 11 1942
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Thomas J. Callahan (Specify type of place) (M.D. or other)
Address Dept Carone Date signed 4/15/42

844 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Flora Eynck

Licensed Embalmer No..... 1284

P. O. Address..... St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.